that ovariotomy and the Cæsarean section were the two most dangerous operations which could be performed on the human body. The postscript of his (Dr. Lee's) paper, which the council had refused to read, contained reports of all the cases, successful and fatal, which had come under the care of Mr. Spencer Wells, and he believed that that gentleman had concealed no fatal case. One of the successful cases, he (Dr. Lee) had seen in Burton ward, St. George's Hospital, and he thought the case as favourable for the operation as any he had ever seen. He summoned a consultation of the surgeons; but they declined to operate unless he sanctioned the operation, which he could not do, knowing that, until the abdomen was laid open, it was impossible to tell whether the cyst could be removed or not, and knowing also that the patient's life would, under the most favourable circumstances, be exposed to the utmost danger. She went to the Samaritan Hospital, and was operated upon by Mr. Spencer Wells with success; but she had a narrow escape with her life, and she told him (Dr. Lee) that she considered herself on the brink of the grave during several days. But the perusal of the successful cases of Mr. Spencer Wells had no doubt led to most fatal results. In reading some of these cases, a lady in Ireland, who had ovarian disease, resolved to have it extirpated, being convinced that ovariotomy was not attended with much danger. A pecuniary negotiation took place between her and Mr. Wells, but it came to nothing; and another ovariotomist went to Ireland, and performed the operation. He (Dr. Lee) had been informed that he represented the case as not unfavourable, and that his fee was to be 300 guineas, and 100 guineas every day he remained with the patient after the operation. Bargains of this description, he (Dr. Lee) had been informed, were not uncommon. The operation was easily performed, and the operator ran round the table, kicking up his heels in triumph; but these feelings of delight were of short duration, for the patient soon began to sink, and died in eighteen hours. Had Mr. Spencer Wells ever read any report of this case? It was impossible to deny that the question now under discussion was a money question, and not one of science and humanity. Mr. Spencer Wells had reduced all his cases under three heads. One of these comprehended all the cases in which what had been called exploratory incisions had been made, and these were spoken of as if they were things of no very serious importance, though they had sometimes caused death. "You would not, I am convinced," concluded Dr. Lee, "view them in this light if incisions were made through your abdominal parietes, and the fingers of an ovariotomist introduced amongst your bowels to hunt for adhesions. Mr. Liston had a great horror of such exploratory incisions and of all ovariotomists. He called them 'belly rippers,' with a B before and a B after. The meaning of these two B's I must not state plainly to the Society."—*Med. Times and Gaz.*, Nov. 22, 1862.

57. *Ovariotomy in Ireland.*—Dr. Kidd exhibited to the Dublin Pathological Society (April 12, 1862) an ovarian cyst which he had removed and gave a history of the case, which terminated fatally. He stated that this was only the third time the operation had ever been performed in Ireland. The first was in a case of his in which Dr. Clay of Manchester, had operated, in which there were no adhesions, and the patient died within 23 hours. The second was Dr. Gordon's case, in which there were adhesions to a slight extent, and which was also fatal.—*Dublin Quarterly Journ. Med. Sci.*, Nov. 1862.

58. *Ovarian Dropsy cured by Iodine Injections.*—The following communication from Dr. Bullen, of Cork, was read to the Edinburgh Obstetrical Society:—

"Last year, in a case of ovarian dropsy, after drawing off several gallons of glairy fluid, I threw two drachms of compound tincture of iodine in an ounce of water into the ovarian sac. The woman complained of great heat in the part, but the symptoms were not severe. She left the Mercy Hospital much relieved, with a hard tumour in the iliac fossa. At the end of six months this woman died of phthisis, and on dissection the ovary was found converted into a solid tubercular tumour about the size of a goose's egg. There was not more than half an ounce of muco-purulent fluid in the sac."

Dr. A. Simpson stated that he had, a few days ago, assisted his uncle in tap-

ping a woman for ovarian dropsy, and, before injecting iodine, he washed the sac out twice with about twelve ounces of tepid water, for the purpose of removing the albuminous fluid which remained adherent to the walls and would have prevented the iodine from acting so actively as it would otherwise do.

Dr. Andrew Inglis alluded to a woman at present in the Royal Infirmary affected with peritonitis, whom Dr. Simpson had tapped and injected some years ago for ovarian dropsy, and in whom the disease never recurred. The only vestige remaining was a small, hard tumour, the size of an orange, on the lower part of the abdomen on the left side.—*Edinburgh Med. Journal*, Oct. 1862.

## OPHTHALMOLOGY.

59. *Inferior Section of Cornea for Extraction of Cataract.*—Mr. ERNEST HART considers the inferior section of the cornea preferable to the superior, in the operation of extraction of cataract. My own experience, he says (*Lancet*, Oct. 18, 1862), and the observation of a long series of cases in the practice of my friend, Mr. White Cooper, prompt me to speak much more favourably of the inferior section than do some of our classical writers on ophthalmic surgery. From the results of a large number of cases of extraction, in rather more than half of which I have operated by the inferior section, I have great reason to be satisfied with that method. In a number of other cases which I have had opportunities of observing, the result has been as good.

It has been objected to the inferior section that the edge of the lower lid is likely to become engaged in the wound, and so to retard union; and that by its position, being bathed in the tears of the inferior cul-de-sac of the mucous membrane, the healing of the cicatrix must suffer from that contact. I believe both these objections to be partly fanciful, and that they are not fully borne out in practice. I have never seen more rapid union than in the cases of inferior section, and the excellence of the ultimate result is greatly aided by the more favourable conditions which it offers for executing the operation to perfection. In employing the superior section, there are difficulties inherent to that method. These occur especially in the second and third stages of the operation. After the section has been made and the eye released, the ball turns upward under the lid so as to bury the incision, and the introduction of the cystitome, the expulsion of the lens, and the perfect clearing of the pupil are all infinitely more difficult than in the lower section. Practice teaches how to overcome these difficulties; but I am persuaded that the greater facility with which the pupil may be cleared and the parts adjusted has the effect of producing more perfect results from that operation. The accidents of operation—and in these I include wounding the iris, effusion of blood into the anterior chamber, difficulty in extracting the crystalline lens, incomplete incision of the capsule, declension of the lens into the vitreous humour—may be almost wholly excluded from operation by the inferior section. By my own experience I am led to similar conclusions in respect to prolapse of the iris and synechia—two of the most troublesome accidents so far as the after-consequences are concerned. In one or two patients I have operated with the same degree of care by the inferior section on the one eye and by the superior section on the other, and the result has confirmed a preference for the former method. Thus, in Catharine B., who was lately under operation at the West London Hospital, the result on the left eye (inferior keratotomy) was perfect; in the right (superior keratotomy) the iris is adherent to the corneal cicatrix. The same has happened in two other of my cases lately. I know no more beautiful, simple, and successful operation than extraction by the lower flap.

60. *Some Affections of Vision Apparently of Syphilitic Origin.*—Dr. R. HIBBERT TAYLOR, Senior Surgeon to the Liverpool Eye and Ear Infirmary, has published (*British Med. Jour.*, March 29, 1862) some interesting observations on these affections.